

DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE  
CREDENTIALING DIVISION  
P.O. BOX 94986  
LINCOLN, NEBRASKA 68509-4986  
(402) 471-2299

**APPLICATION FOR LICENSURE IN OCCUPATIONAL THERAPY**

SECTION A - Personal Information (ALL applicants must complete this section.)					
1	Name:	Last	First	Middle/Maiden	
2	Address:	Street/PO/Route:			
		City	State	Zip	
3	Telephone (Optional)		4	Social Security Number	
5	Moral Character:				
	Have you ever been convicted of a felony or misdemeanor?				Yes <input type="checkbox"/>
					No <input type="checkbox"/>
	If yes, state what crime, date of conviction, name and location of court:				
	Crime		Date of Conviction		Name/Location of Court
<b>**If you answered Yes to the above, you must request the following documents be sent directly to this office:</b> <ul style="list-style-type: none"> <li>• Official Court Record, which includes charges and disposition</li> <li>• If the conviction involved a drug and/or alcohol related offense, all addiction/mental health evaluations and proof of treatment (if treatment was obtained and/or required)</li> <li>• If you are currently on probation, a letter from your probation officer addressing probationary conditions and your current status</li> <li>• A letter from you explaining the circumstances surrounding the conviction(s)</li> </ul>					
6	Has your license in any health care profession in another state been revoked, suspended, limited or disciplined in any manner?				Yes <input type="checkbox"/>
					No <input type="checkbox"/>
	<b>**If you answered Yes to the above, you must request the following documents be sent directly to this office:</b> <ul style="list-style-type: none"> <li>• An official copy of the disciplinary action, including charges and disposition</li> </ul>				
7	Are you currently, or have you previously been, licensed or certified to practice as an Occupational Therapist or Occupational Therapy Assistant in another State?				Yes <input type="checkbox"/>
					No <input type="checkbox"/>
	<b>**If yes, complete section F of this application.</b>				
8	Have you actively practiced in Nebraska as an Occupational Therapist/Occupational Therapy Assistant prior to licensure?				Yes <input type="checkbox"/>
					No <input type="checkbox"/>
	If yes, how many days have you practiced in Nebraska as an Occupational Therapist/Occupational Therapy Assistant since July 6, 2004?				

## FEES FOR OCCUPATIONAL THERAPY

Determine the month and year in which you are submitting your application. Pay the amount in the corresponding box.

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$76	\$26	\$26	\$26	\$26	\$26	\$26	\$77	\$77	\$77	\$77	\$77
Odd	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$76	\$76	\$76	\$76	\$76

\*\* If the license fee at the time the application is final is different from the fee at the time the application is submitted, the difference will be requested or refunded.

## FEE FOR OCCUPATIONAL THERAPY ASSISTANT:

Determine the month and year in which you are submitting your application. Pay the amount in the corresponding box.

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$66	\$26	\$26	\$26	\$26	\$26	\$26	\$67	\$67	\$67	\$67	\$67
Odd	\$67	\$67	\$67	\$67	\$67	\$67	\$67	\$66	\$66	\$66	\$66	\$66

\*\* If the license fee at the time the application is final is different from the fee at the time the application is submitted, the difference will be requested or refunded.

## SECTION B - Occupational Therapist and Occupational Therapy Assistant License Application Category (ALL applicants must complete this section by checking the appropriate spaces.)

<input type="checkbox"/>	Occupational Therapist (Check <b>ONLY</b> One)
<input type="checkbox"/>	By Examination
<input type="checkbox"/>	By Certification by the American Occupational Therapy Certification Board year's work experience obtained during the five years immediately prior to July 10, 1984. **Please complete section E of this application.
<input type="checkbox"/>	By Licensure or Certification in Another Jurisdiction (State). **Please complete Section F of this application.
<input type="checkbox"/>	Occupational Therapy Assistant (Check <b>ONLY</b> One)
<input type="checkbox"/>	By Examination
<input type="checkbox"/>	By Certification by the American Occupational Therapy Certification Board and one year's work experience obtained during the five years immediately prior to July 10, 1984. **Please complete section E of this application.
<input type="checkbox"/>	By Licensure or Certification in Another Jurisdiction (State). **Please complete Section F of this application.

## SECTION C - Education and Field Work Requirements. (ALL applicants must complete this section.) List the college or university where you completed your OT or OTA program. If more space is needed, use an additional sheet.

*You must have your educational institution submit an official transcript that documents your graduation date from the OT/OTA program and your fieldwork experience.*

Institution Name	
Address:	Street/PO/Route:
	City: State: Zip:
Date of Graduation:	Major:
Dates of Supervised Field Experience:	From: To:

<b>SECTION D – Examination information. (ALL applicants must complete this section.)</b>		
Have you passed the OT/OTA licensure examination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, name of examination		
Date of examination		
<i>You must have your test scores reported to Nebraska.</i>		
If you took the licensure examination prior to January 1, 1985, you must contact NBCOT and request that they submit a letter certifying that you passed the examination. If you took the licensure examination after January 1, 1985, contact either Interstate Reporting Service, 475 Riverside Dr., New York, NY 10027 (212) 367-4200, or NBCOT, 800 S. Frederick Ave., Suite 200, Gaithersburg, MD 20877-4150 to request that your scores be reported to Nebraska.		

<b>SECTION E -Employment History. (Complete this section only if you are applying on the basis of one year's work experience obtained during the five years immediately prior to July 10, 1984, and certification by the American Occupational Therapy Certification Board {AOTCB}). If more space is needed, use an additional sheet.</b>			
Have your employer submit Attachment A1 (which you can obtain from the Credentialing Division). You must also contact AOTCB for a letter verifying that you have your certification from AOTCB.			
Dates:	From: (M/D/Y)	To: (M/D/Y)	
Hours worked per week:		AOTCB Certification #:	
Institution Name			
Address:	Street/PO/Route:		
	City:	State:	Zip:
Name of Supervisor:			

**APPLICANTS MUST COMPLETE SECTION F IF APPLYING BY RECIPROCITY**

<b>SECTION F -License Issued on Basis of a License in Another Jurisdiction (State). If you currently are, or previously have been, licensed to practice as an Occupational Therapist or Occupational Therapy Assistant in another Jurisdiction (State), complete this section and have the licensing agency complete the Certification of Applicant's License in Occupational Therapy. (Attachment A2)</b>			
1	Name of Agency Issuing License:		
	Address:	Street/PO/Route:	
		City:	State:
			Zip:
2	Date Issued:		
3	Name of Written Examination:		
4	Have you requested to have certification of your Occupational Therapist or Occupational Therapy Assistant license sent to Nebraska?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<i>(Have Attachment A2 submitted by the licensing agency.)</i>		
	<i>You must have your educational institution submit an official transcript that documents your graduation date from the OT/OTA program and your fieldwork experience. You must have your test scores reported to Nebraska.</i>		

**(ALL APPLICANTS MUST COMPLETE SECTION G)**

**SECTION G - Affidavit**

I, \_\_\_\_\_, attest that the preceding information is correct to the best of my knowledge and I further certify that I am of good moral character.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**CERTIFICATION OF APPLICANT'S LICENSE IN  
OCCUPATIONAL THERAPY**

(Must be completed by licensing agency)

Our records indicate that \_\_\_\_\_ was licensed as an  
(Applicant's Name)

\_\_\_\_\_  
Occupational Therapist/Occupational Therapy Assistant

on \_\_\_\_\_, 20\_\_\_\_. The license was issued on the basis of written examination  
\_\_\_\_\_.  
(Name of Examination)

The applicant's score was \_\_\_\_\_. Requirements for licensure in \_\_\_\_\_ at  
(Issuing State)  
the time this license was issued were:

\_\_\_\_\_  
and are currently:

\_\_\_\_\_  
(Copies of regulations/requirements for licensure at the time of issuance of license and present requirements may be attached as documentation.)

Based on the records of this department, the applicant's license:

- (a) ☐ is in good standing, and so far as our records are concerned, the applicant is entitled to endorsement.
- (b) ☐ has been disciplined.

Please explain any disciplinary action:

\_\_\_\_\_  
Date Name and Title

\_\_\_\_\_  
Licensing Agency

OPTIONAL (\_\_\_\_\_) Address: \_\_\_\_\_  
Telephone Number Street/PO/Route  
City/State/Zip Code

\_\_\_\_\_  
Signature (NO STAMP)

FORWARD THIS COMPLETED FORM TO:

Nebraska Health and Human Services  
Credentialing Division  
P.O. Box 94986  
Lincoln, Nebraska 68509-4986  
ATTN: Occupational Therapy